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PLEASE RETURN
PLEASE RETURN

*The following article is reprinted from the
Boulder Behaviorist, Vol. 5, No. 4.*

POSSIBLE EXCEPTIONS TO THE CONCEPT OF THE LEAST RESTRICTIVE ALTERNATIVE By Brian Lang, Cottage Supervisor

Recent legal and ethical trends have provided many necessary limitations in behavioral treatment procedures. One limitation has been to require a therapist to use the least restrictive alternative in reducing maladaptive behaviors. In the majority of cases, this is a workable alternative and has no doubt decreased the frequency of resident mistreatment. But, in certain cases, the practice of starting with the least restrictive alternative and progressing to the next alternative as less restrictive alternatives are shown to be unsuccessful, is ethically questionable and may not be in accordance with legal trends.

One such case involves maladaptive behaviors that have the potential for causing physical harm, especially when the behavior occurs relatively infrequently. An example of such a behavior is a resident cutting others with pieces of broken glass over a yearly average of once every three months.

The principle of employing the least restrictive alternative first dictates that one determine if some environmental factor, such as the lack of engagement, may be the cause of the behavior. In such a case it is believed that some manipulation, such as increasing staff-resident interactions may decrease the problem behavior. But this may not always be a realistic alternative when staff-resident ratios may be insufficient to provide the amount of interaction required or financial restraints prohibit the acquisition of necessary materials. Oftentimes, with residents who have been institu-

tionalized in custodial care facilities for long periods of time, staff-resident interactions may not be reinforcing. These interactions may be conditioned to function as reinforcers, but the potential for serious injury meanwhile remains. In any case, the person in charge must determine if the benefits of using the least restrictive alternative outweigh the cost of potential serious injury to other residents. The same problem exists with the use of differential reinforcement for other behaviors, contingent observation and educational fine. Residents could be seriously injured while the learning process was ongoing. While the resident has the right to the least restrictive alternative, it seems that others living in close proximity have the right to be in as safe an environment as possible.

The exclusion of such techniques leaves the option of more restrictive alternatives such as overcorrection, exclusion and seclusion timeouts. If these procedures are truly more aversive than those mentioned previous, then their probability of decreasing the maladaptive behavior should be greater (Azrin and Holz, 1966). Thus, when the possibility of serious injury to other residents exists, the most effective technique available should be considered for immediate use.

The question of a client's right to the most expedient treatment available is one that must still be defined by our legal system. If previous programs have shown less restrictive alternatives to be unsuccessful, must a therapist employ those techniques for every new program, some of them, or none at all? In cases where one serious maladaptive behavior is keeping a resident of an institution from community placement, should one employ techniques that are known to be effective for this particular client or that particular behavior (e.g., overcorrection),

thus speeding up his release? Answers to these questions may further complicate the notion of using least restrictive alternatives.

This article is in no way meant to discourage the use of the least restrictive alternative; in fact, every human service organization should strive to do so by developing truly engaging environments and allowing resident to staff ratios of one-to-one for maladaptive behavior programming. Meanwhile, we must deal with the realities of funding for human service institutions.

Each human service organization should devise a list of what types of behaviors can be excluded from the principle of the least restrictive alternative along with plans to change the environment causing the exceptions. This procedure should then be approved by the administration and by client advocacy agencies (e.g., Board of Visitors). In this way, many questions concerning the use of least restrictive alternatives may be answered until exceptions are no longer necessary due to environmental reforms.

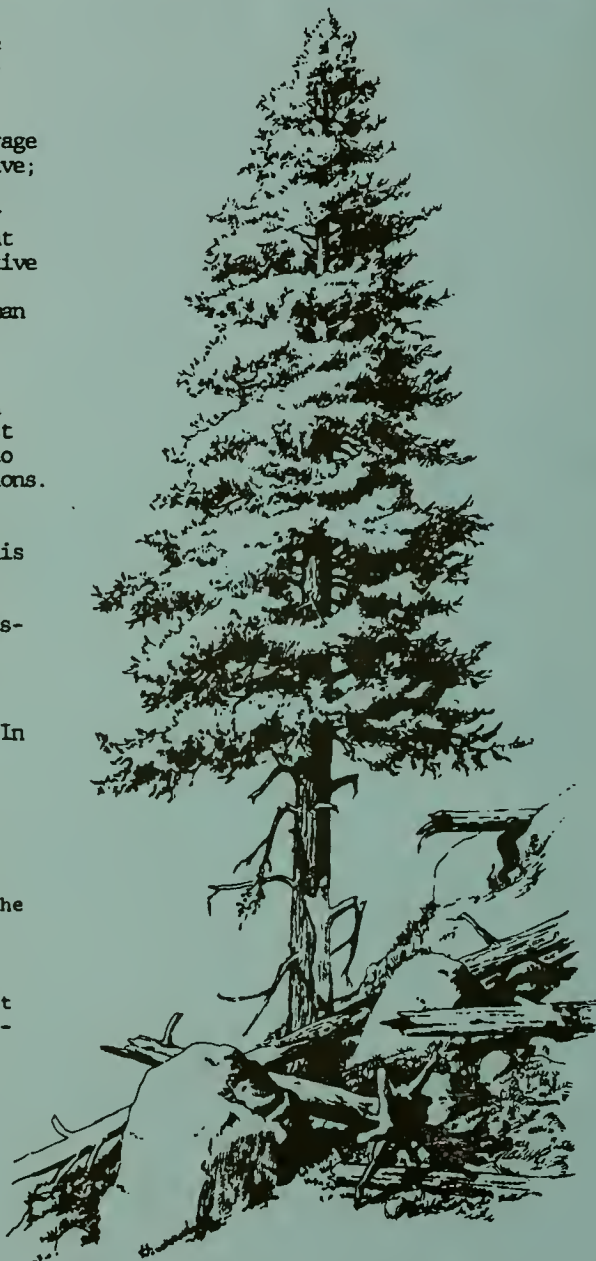
REFERENCE

Azrin, N.H., and Holz, W.C. Punishment. In W.K. Honig (Ed.), Operant Behavior. New York: Appleton-Century-Crofts, 1966, pp. 380-447.

NOTES FROM THE EDITORS

● A BSE oversight in the article on the IHP system in our last issue was brought to our attention recently. We neglected to report that "other persons who have present or probable future involvement with the client's habilitation will be considered ad hoc members of the Habilitation Planning Team" (e.g. client advocate, physical therapist, regional clinical trainer, etc.). "Ad hoc members will participate in the same capacity as core HPT members at the particular IHP meeting they attend." We regret the omission and hope no misunderstandings have occurred.

● We'd like to know how you like the new format of the Big Sky Behaviorist. This issue is an experiment; if somebody likes it, we will probably keep it (saves tress, you know).



Chrys Anderson Hired as Director of TRIC

Chrys Anderson began work on November 1 as the new director of the Training Resource and Information Center, a lending library of training materials for DD people. A native Montanan, Anderson recently returned to the state after attending the University of Rhode Island where she completed 72 credits toward a Ph.D. in general-experimental psychology. An M.A. will be awarded following her defense of her master's thesis which studied one aspect of a personalized system of instruction.

She has over 2 years experience as a Behavior Modification Specialist at BRS&H and worked as an Inservice Training Instructor for 1 year at a state institution in Rhode Island. While attending graduate school, Anderson served as a teaching assistant and a behavior modification consultant.

Anderson, who enjoys reading and camping in her spare time, noted that, "Although effecting change may seem a painstakingly slow process to those involved, my 'fresh' perspective allows me to appreciate the remarkable progress made in DD during the past 4 years. Somebody somewhere (or more likely, a lot of somebodies') has done a commendable job of developing services for DD clients in Montana."

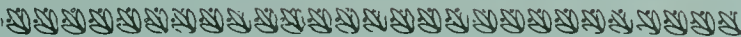
Anderson's responsibilities as director of TRIC will include: 1) assisting in the iden-

tification of training material needs on a statewide basis and 2) filling those needs. To help her in this task, she invites input from all sources. Anyone with special training needs may write or call Chrys Anderson at TRIC, 201 E. Sixth Avenue, #12, Helena (443-7090).

The BSB welcomes Anderson back to Helena and wishes her much success in her position to which she brings much enthusiasm. She feels "fortunate to have secured a position which requires that I'm continually exposed to new training materials. For me, that's like being required to eat the cake and the frosting too ... I love it!"



a nice letter...



Dear Editor

Congratulations on an excellent newsletter publication! Please put the Montana State Foster Parent Organization (MSFPO) on your mailing list and accept our hearty thanks for the up-to-date information and helpful communication service you are providing.

During the October 15 Fall State Foster Parent Workshop in Billings our DD representatives Jan Frisch, Linda Worsdell, Pat Pagnotta, Ann Whitley and foster parent Marge Fehrer, presented a most interesting panel discussion on the DD foster care program. Foster parents and social workers from across Montana learned of the many services available for our disabled foster children. A slide show and question/answer session accompanied the panel discussion to provide a well-rounded picture of

what kinds of situations a DD foster home may deal with; the special problems of the children; and many resources available to us on a local basis.

On behalf of the MSFPO and the Staff in the Foster Parent Training Coordinator's office I would like to extend an invitation to our foster parents and staff of the Developmentally Disabled program to participate in our social and training activities to gain mutual support in working TOGETHER for foster care.

Sincerely,

PAT POMROY
Foster Parent Training
Coordinator

ANOTHER UNIQUE ADVENTURE STORY IN MODERN BEHAVIOR SHAPING-

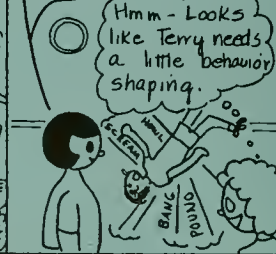
Fairview's BEHAVIOR TECH AND TANTRUMS TERRY

Created by Simma Siskind and Helen Johnson 6-26-72

① We just can't manage Terry anymore. He has awful, terrible, ear splitting temper tantrums all the time. Even the neighbors complain.



② Well, he can't get a way with this! Too bad the P.M. Behavior Tech is so soft with him.



③ TERRY! WHY ARE YOU SCREAMING? QUIET! SIT DOWN! STOP IT!



④ 1 hour later 2 hrs. later
YELL- SCREAM
SCREAM- HOLLER
BANG- QUIET!
BAM

3 hrs. later 4 hrs. later
YELL- SCREAM
BANG- STOP IT!
YELL- HOWL- SCREAM!

⑤ That evening
Good boy doe! Good girl Cynthia! Now John, it's your turn to hit the drum
I'll just ignore Terry.
...
YOWL
BANG



⑥ Well done, Bobby! Good girl, Mary!
Now that Terry has calmed down I'll let him sit in.
...
BANG



⑦ Evenings.
Beautiful, Terry! That was very good! I like the way you beat the drum.
ACTION
BAM BANG
HIT



⑧ I wouldn't believe it if I hadn't seen it. You really changed his behavior. How do you do it?
NOTHING SUCCEEDS LIKE SUCCESS
BANG
BAM
HIT



⑨ One month later
TERRY! WHY ARE YOU SCREAMING? QUIET! SIT DOWN! STOP IT!
HOWL SCREAM
YELL
BANG



⑩ Coffee room
That Terry! He had at least six tantrums to-day. I'll ask Dr. Bee to up his Mellari!
That's funny, Behavior Tech on P.M.'s says he doesn't have tantrums
BAM
HIT



⑪ I ignore the tantrum. Then I reinforce an incompatible behavior, such as drumming. I've inforce that instead of giving him attention for tantrums.
...
BAM
HIT

⑫ I see how Terry can change now. Say, I see doe there all dressed. He strips constantly on the day shift... now I was wondering....
ACCENTUATE THE POSITIVE AND ELIMINATE THE NEGATIVE
BT



Regional Highlights

selected doings from around the state

Region I

by Pete Degel, Senior Regional Clinical Trainer

IT WOULD BE VIRTUALLY IMPOSSIBLE TO SINGLE OUT ONE PROGRAM IN REGION I AS MAKING MORE PROGRESS THAN OTHER PROGRAMS. EACH AND EVERY PROGRAM IS MAKING TREMENDOUS STRIDES IN THE DIRECTION OF ESTABLISHING A MORE CONSISTENT AND SYSTEMATIC APPROACH TOWARD HABILITATION. THESE STEPS ARE BEING MADE IN SPITE OF THE GEOGRAPHICAL ISOLATION AND RESULTANT NECESSITY OF SOLVING PROBLEMS UTILIZING ALMOST EXCLUSIVELY LOCAL RESOURCES. THE RATE OF CLIENT GROWTH IS STEADILY INCREASING AS THE PROGRAM STAFF CONTINUE TO DEVELOP MORE TECHNICAL SKILLS. THESE SKILLS ARE A RESULT OF PARTICIPATION IN TRAINING SESSIONS AND THROUGH MUCH HARD WORK AND PRACTICE OUTSIDE OF THE TRAINING SESSIONS. EACH STAFF MEMBER SHOULD BE COMMENDED FOR THEIR DESIRE TO IMPROVE THEIR SKILLS, REFLECTING AN OBVIOUS CONCERN FOR MAXIMUM CLIENT GROWTH. WE HAVE EXPERIENCED MUCH REINFORCEMENT FROM THE UNBRIDLED ENTHUSIASM AND RECEPTIVENESS THE PROGRAM STAFF HAVE EXHIBITED DURING THE TIME WE HAVE SPENT IN THE PROGRAMS.

IN CONCLUSION, THE CONTINUED ZEAL AND DEDICATION OF THE REGION I SERVICE PROVIDERS MAKE THE POSSIBILITY FOR CLIENT GROWTH INFINITE.



Region II

by Dan McCarthy, Senior Regional Clinical Trainer

Ted Spas, Regional Clinical Trainer

PROGRAM REVIEW COMMITTEE IS DEVELOPED TO MONITOR AVERSIVE PROGRAMS

TO JUDGE THE APPROPRIATENESS OF BEHAVIOR REDUCTION PROCEDURES USED BY COMMUNITY BASED PROGRAMS, THE DD DIVISION PROPOSED THE DEVELOPMENT OF PROGRAM REVIEW COMMITTEES (PRCs). SPECIFICALLY, PRCs WILL "REVIEW AND APPROVE TREATMENT PROGRAMS USING NOXIOUS AND AVERSIVE STIMULATION AND ELECTRIC SHOCK OR OTHER EXPERIMENTAL TREATMENT TECHNIQUES." PROGRAM REVIEW COMMITTEES WILL PROVIDE AN ADDITIONAL PERSPECTIVE FROM WHICH TO EVALUATE PROPOSED RESPONSE-REDUCTION PROCEDURES.

THE PRC GUIDELINES DO NOT SPECIFY HOW COMMUNITY PROGRAMS SHOULD SET UP COMMITTEES. INDEED, TO DEVELOP A COMMITTEE WHOSE MEMBERS POSSESS THE SKILLS TO JUDGE TECHNICAL PROCEDURES IS AN UNREALISTIC GOAL FOR SOME RURAL PROGRAMS. ACCORDINGLY, THE PROGRAMS IN REGION II UNITED TO FORM A CLUSTER OF COMMITTEES. FOLLOWING IS A DESCRIPTION OF THESE PRCs IN REGION II.

SOUTHERN REGION

THE PRC IN THE GREAT FALLS AREA IS COMPOSED OF REPRESENTATIVE STAFF MEMBERS AND THE DIRECTOR FROM EACH OF THE PROGRAMS IN THE AREA PLUS EIGHT INTERESTED CITIZEN VOLUNTEERS AND A REGIONAL CLINICAL TRAINER. INCLUDED AMONG THE VOLUNTEERS ARE CONSUMERS, ADVOCATES, EDUCATORS, TWO PSYCHOLOGISTS AND A NONPROFIT BOARD MEMBER. THE COMMITTEE WILL MONITOR THE PROGRAMS OF 14 FACILITIES.

THE GREAT FALLS PRC IS COMPOSED OF: ROYAL KRESS AND DR. PAUL RENZ (COLLEGE OF GREAT FALLS); KAREN ANDERSON (PRESIDENT OF GREAT FALLS ARC); JOEY LILLEMOM, BETTY MCPHEE, LEE GRAY AND LOUISE TUDOR (EASTER SEAL); AND DR. BILL TAYLOR (MENTAL HEALTH CENTER).

A SIMILAR SYSTEM HAS BEEN SET UP FOR THE CUT BANK/CHOTEAU AREA. STAFF MEMBERS AND THE DIRECTOR OF EACH PROGRAM WILL COMPOSE THIS COMMITTEE AS WELL AS THREE COMMUNITY VOLUNTEERS AND AN RCT. THE COMMUNITY VOLUNTEERS ARE: LARRY EPSTEIN (ATTORNEY); JOHN MELCHERT (CLINICAL PSYCHOLOGIST); AND BOB WOLF (PSYCHOLOGIST SOCIAL WORKER).

P-T ACTIVITIES AT CONRAD AND SHELBY HAS SET UP ITS OWN PRC WHICH INCLUDES ITS DIRECTOR, A STAFF MEMBER, AN RCT AND TWO VOLUNTEERS - DICK WIMMER, PH.D. AND BILL HOBSEN (SOCIAL WORKER).

NORTHERN REGION

THE NORTHEASTERN PORTION OF THE REGION (HAYRE, HARLEM AND BIG SANDY) IS SERVED BY ONE PRC. IT IS COMPOSED OF: KIM BAUER (EASTER SEAL AUDIOLOGIST); STEVE WHITE (SPECIAL EDUCATOR); PAT LOCKWOOD (BLAINE COUNTY ACTIVITIES DIRECTOR); GARY NIMMICK (HAYRE DAY ACTIVITIES DIRECTOR); CONNIE GREEN

(BIG SANDY ACTIVITIES DIRECTOR); AND DAN MCCARTHY (SENIOR RCT). IN ADDITION, THE CLIENTS' INTEREST WILL BE REPRESENTED BY A STAFF MEMBER FROM THE PROGRAM BEING REVIEWED, A CONSUMER'S AGENT (PARENT, GUARDIAN, ADVOCATE), OR A BOARD MEMBER.



THE BLACKFEET DD PROGRAM IN BROWNING FORMED A PROGRAM REVIEW COMMITTEE DESIGNED TO MEET ITS UNIQUE NEEDS. (WITH THE EXCEPTION OF 1 PERSON, THE STAFF ARE ALL LOCAL INDIAN PEOPLE WITH LITTLE EXPERIENCE IN BEHAVIOR MODIFICATION OR DEVELOPMENTAL DISABILITIES.) IN ADDITION TO THE PROGRAM'S DIRECTOR, BOB PARSONS, AND ONE MEMBER OF HIS STAFF, THE BROWNING COMMITTEE CONSISTS OF: PAT PEPION, BOB REISENBERG, MARY ELLEN LAFRAMBOISE AND DAN CLEVELAND. THESE PEOPLE REPRESENT THE DISCIPLINES OF SOCIAL WORK, EDUCATION AND PSYCHOLOGY AS WELL AS THE GRASS ROOTS SUPPORT OF THE DD PROGRAM. ONE OR BOTH RCTs WILL ALSO CONTRIBUTE TO COMMITTEE ACTIVITIES.

THE COMPOSITION OF EACH COMMITTEE DIFFERS RADICALLY, REFLECTING THE SPECIAL NEEDS OF EACH PROGRAM OR GROUP OF PROGRAMS. EACH COMMITTEE INVOLVES THE DIRECTOR AND A STAFF MEMBER OF THE PROGRAM BEING REVIEWED AS WELL AS ONE OR BOTH RCTs. IN ADDITION, LOCAL VOLUNTEERS CAPABLE OF

EXAMINING RESPONSE REDUCTION PROCEDURES FORM THE BACKBONE OF EACH COMMITTEE. THIS SYSTEM EMPHASIZES LOCAL CONTROL OF OPERATIONS AND PROVIDES THE NECESSARY TECHNICAL SUPPORT.

FIVE COMMITTEE MEMBERS MUST BE PRESENT AT A PRC MEETING TO FORM A QUORUM; THREE OF THE FIVE CAN BE PROGRAM STAFF OR AN RCT. COMMITTEES WILL MEET AS OFTEN AS NECESSARY TO MEET THE NEEDS OF REGION II PROGRAMS. ANY GROUP HOME OR DAY PROGRAM THAT WANTS TO USE AN AVERSIVE CONTROL TECHNIQUE ON A CLIENT WILL SUBMIT A PROPOSAL TO THE REGION'S RCTs WHO WILL THEN CALL A MEETING OF THE APPROPRIATE PROGRAM REVIEW COMMITTEE. TO DATE THERE HAS NOT BEEN AN OCCASION TO WARRANT A PRC MEETING IN REGION II. IT IS IMPORTANT NONETHELESS TO HAVE A WORKABLE SYSTEM READY TO MONITOR THE POTENTIAL USE OF AVERSIVE CONTROL TECHNIQUES. THESE COMMITTEES WILL EVALUATE THE TECHNIQUES OF PROPOSED AVERSIVE PROGRAMS AND IF NECESSARY WILL RECOMMEND MODIFICATIONS OR ALTERNATIVES FOR DEALING WITH THE PROBLEM BEHAVIOR. THEY WILL ALSO FOSTER BETTER COMMUNICATION AMONG PROGRAM STAFFS. MOST IMPORTANTLY, THE PRCs WILL ENSURE THAT CLIENTS' RIGHTS ARE NOT ABUSED BY NEEDLESS OR POORLY MANAGED AVERSIVE CONTROL TECHNIQUES.

(THE BSB COMMENDS THE INITIATIVE THAT HAS BEEN TAKEN IN DEVELOPING PRCs IN REGION II AND INVITES INFORMATION FROM OTHER REGIONS ENGAGED IN SIMILAR ACTIVITIES.)



Region III

by Tom Seekins, Senior Regional Clinical Trainer

FOLLOWING ARE THE MAJOR TRAINING EVENTS IN REGION III:

- 1) THE LARC HOME, THE BIG HORN ACTIVITIES CENTER, JOAN WINCHELL OF SEMI-INDEPENDENT LIVING PROGRAM, HAPPY CAMPUS, THE WORK ACTIVITIES CENTER AND PROJECT REACH ARE ALL WORKING ON WRITING BEHAVIORAL OBJECTIVES FOR INCIDENTAL TEACHING AND FORMAL PROGRAMS.
- 2) THE YELLOWSTONE ARC-SPONSORED HOME AND THE LARC HOME HAVE PARTICIPATED IN TRAINING COVERING ASSESSMENT OF THE CLIENTS, SETTING PRIORITIES AND SELECTING PROGRAMS FROM CURRICULA. THEY ARE ALL CONDUCTING SEVERAL FORMAL PROGRAMS AND WILL SHORTLY HAVE ONE FORMAL PROGRAM FOR EACH CLIENT. PROJECT REACH HAS ALSO PARTICIPATED IN PORTIONS OF THE ASSESSMENT TRAINING.
- 3) THE WORK ACTIVITIES CENTER IS CONDUCTING A TOKEN ECONOMY AND HAS SHIFTED FROM AN FR 1 TO AN FR 3 SCHEDULE; IT HAS DOUBLED PRODUCTIVITY AT THIS POINT.
- 4) THE BILLINGS SHELTERED WORKSHOP'S AUTO DETAILING PRETRAINING PROGRAM IS CONDUCTING A TASK COMPLETION PROGRAM WITH ONE CLIENT AND IS HAVING GOOD SUCCESS.
- 5) GARFIELD SCHOOL AND SUNSHINE HOUSE #2 IN BILLINGS HAVE NEARLY COMPLETED THE SUCCESSFUL RETURN OF A CLIENT FROM THE INTERVENTION HOME IN GREAT FALLS.
- 6) IN ANOTHER CRISES INTERVENTION PROGRAM, THE AVOCATIONAL CENTER IS AIDING A CLIENT FROM THE COMMUNITY TO RETURN TO SERVICES. OF PARTICULAR NOTE IS THEIR ACHIEVEMENT OF AN INCREDIBLY HIGH RATE OF POSITIVE CONTACTS, APPROACHING AN AVERAGE OF TWO/MINUTE THROUGHOUT THE DAY.

- 7) THE SHOP AT HAPPY CAMPUS HAVE EACH WRITTEN AND ARE CONDUCTING A FORMAL PROGRAM.

PARTICULAR PROGRAMS FOR LESS THAN A YEAR AND HAVE DONE A TREMENDOUS JOB WITHIN THAT TIME-FRAME.

OTHER PROGRAMS WITHIN THE REGION HAVE MADE ADMIRABLE PROGRESS IN ADAPTING TO A TRAINING MODEL; WE JUST HAVE NOT HAD THE OPPORTUNITY TO WORK TOGETHER FOR THE LENGTH OF TIME THAT I HAVE WITH THE ABOVE MENTIONED PROGRAMS. IT IS VERY REINFORCING AS A REGIONAL CLINICAL TRAINER TO OBSERVE THE STEADY PROGRESS THAT SO MANY PERSONS AND THEREFORE PROGRAMS HAVE MADE WITHIN THE LAST TEN MONTHS.

by Phyllis Williamson, Regional Clinical Trainer

THE AWARE PROGRAM IN ANACONDA HAS BEEN PUTTING A LOT OF EFFORT INTO REORIENTING THEIR PROGRAM'S ACTIVITIES TO MORE FUNCTIONAL, VOCATIONAL LEARNING ACTIVITIES. THEY HAVE AUGMENTED THEIR ACADEMIC, SOCIAL, AND GROOMING PROGRAMS WITH A JANITORIAL TRAINING PROGRAM. THEY ARE ALSO DEVELOPING A NEWSLETTER TO HELP CLIENTS LEARN CLERICAL SKILLS. ANOTHER NEW PROJECT THE AWARE STAFF IS WORKING ON IS PUTTING TOGETHER A FURNITURE STRIPPING BUSINESS WHICH WILL EVENTUALLY ENABLE CLIENTS TO EARN MONEY WHILE LEARNING A USEFUL WORK SKILL. FRED BARTA AND HIS STAFF DIXIE MCKEON, DAN MCCABE, KEVIN ANKENY AND MARGE HOOVER ARE TO BE CONGRATULATED FOR THEIR TREMENDOUS EFFORTS OVER THE LAST FOUR MONTHS TO PROVIDE QUALITY PROGRAMMING FOR THEIR CLIENTS.

Region IV

by Lorrie Hartman, Senior Regional Clinical Trainer

THE PROGRAMS AND PERSONS THAT DESERVE CREDIT AND RECOGNITION FOR THEIR PROGRESS IN THE AREA OF TRAINING ARE: WAYNE AND DIANE WILLIAMS (LIVINGSTON GROUP HOME MANAGERS); GREG AND MELANIE HALL (BOZEMAN GROUP HOME MANAGERS); MIKE AND MELINDA LUCAS (BOZEMAN GROUP HOME MANAGERS); JEAN HOVEY (BOZEMAN OUTREACH TRAINER); STEPHEN TENCICH (BOZEMAN REHABILITATION COUNSELOR); RUTH DELARIOS (HELENA OUTREACH TRAINER); AND THE STAFF OF LIVINGSTON COUNTERPOINT INC.: BRUCE PEARSON, MIKE DALIN, KATHY SHARPE AND CATHY ZIEBARTH.

THESE PEOPLE HAVE DEMONSTRATED COMPETENCIES IN MANY PROGRAMMATIC ASPECTS OF TRAINING. THESE BRIEFLY INCLUDE: CLIENT ASSESSMENT, GOAL PLANNING, WRITING FUNCTIONAL BEHAVIORAL OBJECTIVES AND WRITING COMPREHENSIVE INDIVIDUAL PROGRAM PLANS DEMONSTRATING THE RATE OF CLIENT PROGRESS BY MEANS OF DATA SUMMARIZATIONS. THE MAJORITY OF THESE PEOPLE HAVE BEEN EMPLOYED WITHIN THEIR



Region V

By Jan Mackay-Atkins, Regional Clinical
Trainer

RAVALLI COUNTY WILL SOON HAVE RESPITE SERVICES AVAILABLE UNDER THE DIRECTION OF LINDA FOUST. A NOVEL FEATURE OF THE RESPITE TRAINING BEING PROVIDED IS THAT WE ARE WORKING COOPERATIVELY WITH A LOCAL EMERGENCY MEDICAL TECHNICIAN, LOCAL PHYSICIAN, AND LOCAL PHYSICAL THERAPIST IN TRAINING DELIVERY.

ANOTHER NEWSWORTHY ITEM FROM RAVALLI COUNTY IS THAT RAVALLI SERVICES HAS OBTAINED A WORK ACTIVITY LICENSE.

IN LINCOLN COUNTY, THE DAY PROGRAM HAS JUST MOVED TO A NEW FACILITY WHICH WILL ENHANCE TRAINING THROUGH AN IMPROVED ENVIRONMENTAL DESIGN.

Developed by the former instrumentation specialist at BRS&H, George Siverts, Martin's teaching machine allows her to project words onto a small television screen by touching a keyboard. The custom made key-



Judy Martin operating her teaching machine

board resembles that of a typical typewriter except that the keys are more widely spaced and more sensitive to pressure. A tape recorder built into the system can record both her teacher's and her communications, making programmed instruction possible. It can also interface, or talk to, a computer.

When Martin first received her teaching machine (paid for by her S.S.I. funds), she could recognize letters and spell out her own name and the names of a few employees. A year and a half later she uses the teaching machine to write many functional words ("I'm mad, bathroom, eat, juice, help, thank you, need, want, more, yes, no" and colors so that she can ask for specific crayons). She is also writing out answers to verbal questions asked by her teacher from the text of a first grade reader. Her teacher for the past year at Chateau Activities Center, Margie Masquelier, has high aspirations for Martin. Her goal is to enable Martin to read and write proficiently, an idea for which Martin shows much enthusiasm. Masquelier noted that Judy loves her machine; she will spend entire days working with it.

TEACHING MACHINE

HELPS

C.P. PATIENT

TO

COMMUNICATE

OR



Thirty-one year old Judy Martin has cerebral palsy and although she is described as being bright by those who know her, has spent all but eleven years of her life until August, 1976 in institutions or hospitals. Martin's C.P. is so debilitating that she has never learned to communicate by signs, speech or manual writing. This block in Judy's life was first removed when a teaching machine was designed and built for her at BRS&H in the spring of 1976.



The success with which the teaching machine has been functionally integrated into Martin's life raises an important question. Why aren't there more of these sorts of things around? They would be particularly useful to clients with cerebral palsy who frequently have the intellectual capacity but not the motor control to communicate in the usual ways. They could be tailored to compensate for each individual's disabilities.

Another example of someone benefitting from this kind of customized technology is a C.P. resident at Boulder. Because this man can't reliably control any motor activity, Siverts made an electromyograph which triggered a communication board. By tensing his facial muscles, the man learned to control the advance of a light over multiple choice items. He mastered the machine in one day -- evidence that he was receptive to a new technique. The system has unlimited potential for complexity, including programmed instruction.

Machines could be made to talk as well as write the words that Judy Martin types out. They could also be made compact enough to be portable.

A scarcity of funds to pay for the production of custom-made machines is of course one limitation to their development. The parts for Martin's apparatus cost \$600 -- money well spent considering the doors it has opened for her. Judy's machine is easily operated, requiring no technological expertise from teaching staff. Thus, there are very few maintenance expenses.

The biggest obstacle to incorporating technology into the lives of disabled people may well be a basic emotional resistance to the idea. People employed in the human services are sometimes suspicious of technology, according to Siverts. He feels that a communication gap exists between engineers who are familiar with the capabilities of technology and people who would be in a position to apply it. "Some difficult bureaucratic battles had to be fought at BRS&H before Judy could have her machine," he said. "Even after it was approved and constructed, it was difficult to convince some of the therapists that Judy would benefit from learning how to use it."

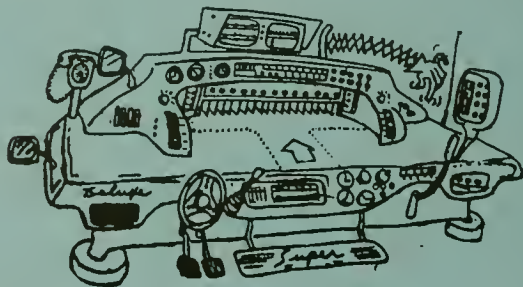
A common reaction from speech therapists to an apparatus like Judy's teaching machine is

fear that a client's potential dependence on a machine to communicate is detrimental; the machine may actually thwart the development of more normal means of communication. People also tend to dimly view the role of machines in teaching situations; where is that important approving smile and pat on the back?

Judy Martin's success with her teaching machine makes a good case for technology. Her teachers also have her in a speech program which requires that she try to verbalize some of her basic needs. But the development of her expressive language has been slow. Why should we not make alternatives available to her?

Director of Chateau Activities Center John Simurdak feels that Judy's teaching machine is good for her. She is beginning to use it in conjunction with a language master machine and can to a large degree work independently. This facilitates more efficient utilization of staff, Simurdak noted.

Where do your resistances to applied technology lie? The BSB would be interested to hear from you.

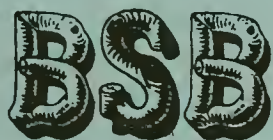


barely mentionable department

"I'll always be here when you do this!"
Uttered at the Avocational Center in a training session by an anonymous clinical trainer November 8, 1977. This famous quote was swiftly followed by a devastating left upper cut delivered to the speaker by the trainee.

There is no truth to the vicious and insidious rumor that this incident will cause Tom Seekins to be unable to ADJUST TO THE CHANGES IN HIS LIFE.

All queries shall be forwarded to Mr. Seekins, c/o Dr. Raul Drake, 404 Deaconess Hospital.



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